

## CLAIMS ONLY

Application Number

101674999

Filing Date

Applicant(s)

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16	1					
17						
18						
19						
20	1					
21						
22						
23	1					
24						
25						
26						
27						
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45						
46						
47						
48						
49						
50						
Total Indep						
Total Depend						
Total Claims						

*			*			*
	Indep	Depend	Indep	Depend	Indep	Depend
51						
52						
53						
54						
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92						
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94						
95						
96						
97						
98						
99						
100						
Total Indep	4					
Total Depend	20					
Total Claims	24					